

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
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8	/					
9	/					
10	/	/				
11	/					
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48						
49						
50						
Total Indep	6					
Total Depend	18					
Total Claims	24					

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						